

PROB 12B

United States District Court
for
District of New Jersey
Request for Modifying the Conditions of Supervision
with Consent of the Offender
(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Elaine Rivas-Ventura

Cr.: 10-CR-00238

Name of Sentencing Judicial Officer: Honorable William H. Walls, U.S. District Judge

Date of Original Sentence: 10/14/10

Original Offense: Conspiracy to Distribute a Controlled Substance

Original Sentence: 12 months and 1 day prison, 5 years supervised release

Type of Supervision: Supervised release

Date Supervision Commenced: 08/22/11

PETITIONING THE COURT

[X] To modify the conditions of supervision as follows. The addition of the following special condition: The defendant shall participate in an out-patient and/or in-patient substance abuse or detoxification program approved by the probation office. The defendant shall pay the costs of such treatment to the degree they are reasonably able, and shall cooperate in securing any applicable third party payment, such as insurance or medicare. The defendant shall disclose all financial information and documents to the probation office to assess their ability to pay. The defendant shall not consume alcohol or other intoxicants during and after treatment, unless granted prescription by a licensed physician and proof of same is provided to the probation office. The defendant shall submit to drug/alcohol testing during and after treatment to ensure abstinence from drugs and alcohol.

CAUSE

Ventura admitted to using Marijuana in December 2011. She agreed to work with Probation in addressing her problem, and she wishes to participate in substance abuse treatment.

Respectfully submitted,




By: Thomas J. Stone

Senior U.S. Probation Officer

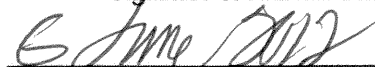
Date: 05/22/12

THE COURT ORDERS:

- ☒ The Modification of Conditions as Noted Above
☐ Other



Signature of Judicial Officer



Date

PROB 49

Waiver of Hearing to Modify Conditions
of Supervised Release

UNITED STATES DISTRICT COURT
for the
Southern District of New York

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Supervised Release. By 'assistance of counsel', I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the Court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Supervised Release:

THE DEFENDANT SHALL PARTICIPATE IN AN OUT-PATIENT AND/OR IN-PATIENT OR DETOXIFICATION PROGRAM APPROVED BY THE PROBATION OFFICE. THE DEFENDANT SHALL PAY THE COSTS OF SUCH TREATMENT TO THE DEGREE THEY ARE REASONABLY ABLE, AND SHALL COOPERATE IN SECURING ANY APPLICABLE THIRD PARTY PAYMENT, SUCH AS INSURANCE OR MEDICARE. THE DEFENDANT SHALL DISCLOSE ALL FINANCIAL INFORMATION AND DOCUMENTS TO THE PROBATION OFFICE TO ASSESS THEIR ABILITY TO PAY. THE DEFENDANT SHALL NOT CONSUME ALCOHOL OR OTHER INTOXICANTS DURING AND AFTER TREATMENT, UNLESS GRANTED PRESCRIPTION BY A LICENSED PHYSICIAN AND PROOF OF SAME IS PROVIDED TO THE PROBATION OFFICE. THE DEFENDANT SHALL SUBMIT TO DRUG/ALCOHOL TESTING DURING AND AFTER TREATMENT TO ENSURE ABSTINENCE FROM DRUGS AND ALCOHOL.

Witness: _____

U.S. Probation Officer

Signed: _____

Probationer or Supervised Releasee

2/21/2012

DATE